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# Exhibit A

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**MANNARINO, MICHAEL  
VS  
FCA US LLC**

**16-MD-02744-DML-DRG**

**IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT, SOUTHERN DIVISION**

**REQUESTOR: MICHAEL R. WILLIAMS ESQ.  
(BUSH, SEYFERTH & PAIGE, PLLC)**

**NAME ON RECORD: MICHAEL J. MANNARINO**

**A/K/A:**

**DEPONENT: NEW YORK POLICE DEPARTMENT - PRECINCT 69**

**TREATED BY:**

**FILE #:**

**FURNISHING: RECORDS**

**CONTENTS/MEDIA: RECORDS - DIGITAL (1)**

**COPIES ORDERED BY:**

**RECORDS DEPOSITION SERVICE**

**JOB #: 159413 - 8**



**RECORDS DEPOSITION SERVICE**

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P.O. BOX 5054 · SOUTHFIELD, MI 48086-5054  
P: (248) 357-3330 · F: (248) 357-3337  
INFO@RECDEP.COM

**CONFIRMATION STATEMENT**

TO: ATTN: SUBPOENA COMPLIANCE  
NEW YORK POLICE DEPARTMENT - PRECINCT 69

M

9720 FOSTER AVE.  
BROOKLYN NY 11236

**RDS JOB#: 159413-8 RUSH**

**DUE DATE: JUNE 7, 2019**

**CASE NAME: SEE ATTACHED SUBPOENA FOR COMPLETE CASE CAPTION.**

**CASE NUMBER: 16-MD-02744-DML-DRG**

**NAME ON RECORD: MICHAEL J MANNARINO**

JOB#: 159413-8 RUSH  
DUE: 06-07-2019

**RECORDS DEPOSITION SERVICE, INC.**  
**P.O. BOX 5054**  
**SOUTHFIELD, MI 48086-5054**



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EMAIL TO: INFO@RECDEP.COM

**PLEASE SIGN AND RETURN WITH THE REQUESTED INFORMATION.**

**YOUR PERSONAL APPEARANCE IS NOT REQUIRED.**

BY SIGNING BELOW, I HEREBY CONFIRM THAT ALL REQUESTED RECORDS HAVE BEEN SUBMITTED. \*

\_\_\_\_\_  
CUSTODIAN OF THE RECORDS

\_\_\_\_\_  
DATE

7 RDS  
NUMBER OF PAGES/FILMS/PHOTOS

\* PLEASE NOTE: IF THE FOLLOWING INFORMATION WAS REQUESTED ON THE ATTACHED SUBPOENA AND IS NOT IN YOUR POSSESSION, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW AND STATE THE REASON.

NOT AVAILABLE - PLEASE PROVIDE REASON OR INDICATE LOCATION WE SHOULD CONTACT

RECORDS

☐

BILLINGS

☐

PHOTOS

☐

FILMS

☐

BETTER COPIES

☐

Complaint  
Number

19  
11

21

22

23  
1

24  
5

15102

28  
1

29

30

COVER SHEET  
P

L7	


53

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name		First		M.I.		Last Name		First		M.I.	
MANNARINO		MICHAEL									
Address						Address					
164-36 92 STREET QUEENS NY 11414											
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	( )	Month	Day	Year	( )	Month	Day	Year	( )
8	20	1940	( )				( )				( )
Last Name		First		M.I.		Last Name		First		M.I.	
Address						Address					
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	( )	Month	Day	Year	( )	Month	Day	Year	( )
			( )				( )				( )
Last Name		First		M.I.		Highway Dist. at Scene?		Name:		Shield No.	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Address											
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Month	Day	Year	( )	Month	Day	Year	( )	Month	Day	Year	( )
			( )				( )				( )

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. 1	Vehicle No. 2
Expiration Date	Expiration Date
VIN 1C4RJFBG8FC207082	VIN 1N4AL3AP8DC230498

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone

**DUPLICATE COPY REQUIRED FOR:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. vehicle involved)   | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency<br>(Specify) |
| <input type="checkbox"/> Office of Comptroller<br>(if a City vehicle involved)    | <input type="checkbox"/> Personnel Safety Unit<br>(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit   |   |

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

<b>PROPERTY DAMAGED</b> (other than vehicles)	<b>OWNER OF PROPERTY</b> (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

**ACTIONS OF POLICE VEHICLE**

- |  |   |
|--|---|
| <input type="checkbox"/> Responding to Code Signal | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator         | <input type="checkbox"/> Routine Patrol                         |
| <input type="checkbox"/> Other (Describe)          |   |

New York State Department of Motor Vehicles

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct  
069Accident No.  
MV-2017-069-000258Complaint  
Number☒ AMENDED REPORT

1	Accident Date Month: 2, Day: 15, Year: 2017		Day of Week WEDNESDAY		Military Time 15:20		No. of Vehicles 2	No. Injured 0	No. Killed 1	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 -											
2	VEHICLE - Driver License ID Number						State of Lic.		VEHICLE - Driver License ID Number					State of Lic.		20 -								
3	Driver Name - exactly as printed on license						Apt. No.		Driver Name - exactly as printed on license					Apt. No.		21 -								
4	Address (Include Number & Street)						City or Town		Address (Include Number & Street)					City or Town		22 -								
5	Date of Birth: Month, Day, Year						Sex		Date of Birth: Month, Day, Year					Sex		23 -								
6	Name - exactly as printed on registration						Sex		Name - exactly as printed on registration					Sex		24 -								
7	Address (Include Number & Street)						Apt. No.		Address (Include Number & Street)					Apt. No.		25 -								
8	City or Town						State		City or Town					State		26 -								
9	Plate Number						State of Reg.		Plate Number					State of Reg.		27 2								
10	Vehicle Year & Make						Vehicle Type		Vehicle Year & Make					Vehicle Type		28 1								
11	Ins. Code								Ins. Code							29 -								
12	Ticket/Arrest Number(s)								Ticket/Arrest Number(s)							30 -								
13	Violation Section(s)								Violation Section(s)							USE COVER SHEET								
14	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.											
15	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes						VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes						ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Sideswipe (opposite)											
16	Vehicle By Towed: To						Vehicle By Towed: To						DIAGRAM ATTACHED ON SUBSEQUENT PAGE 2 SIDE SWIPE (SAME DIR)											
17	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred 9714 SEAVIEW AVENUE (Route Number or Street Name) at 1) intersecting street or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Route Number or Street Name) (Milepost, Nearest Intersecting Route Number or Street Name)						Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No											
18	Accident Description/Officer's Notes OPERATOR OF VEHICLE 1 WAS PRESUMABLY RUN OVER BY HIS OWN CAR DUE TO IT NOT BEING IN PARK. OPERATOR OF VEHICLE 1 WAS REMOVED TO BROOKDALE HOSPITAL BY EMS. OPERATOR OF VEHICLE 1 WAS PRONOUNCED DOA IN ER. ***** AMEND DETAILS ***** THIS PEDESTRIAN'S DEATH OCCURRED ON PRIVATE PROPERTY. THE CAUSE OF THE COLLISION WAS A MECHANICAL DEFECT FROM A MANUFACTURE SAFETY RECALL THAT WASN'T CORRECTED. THIS PEDESTRIAN												30 -											
19	ALL INVOLVED												30 -											
20	Officer's Rank and Signature: POM Print Name in Full: SHELDON J WHITE												Tax ID No. 951435		NCIC No. 03030		Precinct 069		Post/Sector		Reviewing Officer SGT LAUREN J ODESSA		Date/Time Reviewed 02/16/2017 09:53	

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name _____ First _____ M.I. _____	Last Name _____ First _____ M.I. _____
Address _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ ( ) _____
Last Name _____ First _____ M.I. _____	Last Name _____ First _____ M.I. _____
Address _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ ( ) _____
Last Name _____ First _____ M.I. _____	Last Name _____ First _____ M.I. _____
Address _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ ( ) _____
Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____	
Shield No. _____	

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Vehicle No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

VIN \_\_\_\_\_ VIN \_\_\_\_\_

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone

**DUPLICATE COPY REQUIRED FOR:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. vehicle involved)   | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency<br>(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller<br>(if a City vehicle involved)    | <input type="checkbox"/> Personnel Safety Unit<br>(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit _____   |   |

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

\_\_\_\_\_

\_\_\_\_\_

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

**ACTIONS OF POLICE VEHICLE**

- |  |   |
|--|---|
| <input type="checkbox"/> Responding to Code Signal | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator         | <input type="checkbox"/> Routine Patrol                         |
| <input type="checkbox"/> Other (Describe) _____    |   |



Precinct  
**069**  
Accident No.  
**MV-2017-069-000258**

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT (NYC)**  
MV-104AN (7/11)

☒ **AMENDED REPORT**

1	Accident Date Month <b>2</b> Day <b>15</b> Year <b>2017</b>	Day of Week <b>WEDNESDAY</b>	Military Time <b>15:20</b>	No. of Vehicles <b>2</b>	No. Injured <b>0</b>	No. Killed <b>1</b>	Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19																																																																																											
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4	Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/>					Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/>					22																																																																																										
5	Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					23																																																																																										
6	City or Town _____ State _____ Zip Code _____					City or Town _____ State _____ Zip Code _____					24																																																																																										
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11	<b>VEHICLE 1 DAMAGE CODES</b> Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ 3 _____ 4 _____ 5 _____ Enter up to three more Damage Codes _____ Vehicle Towed: _____ By _____ To _____					<b>VEHICLE 2 DAMAGE CODES</b> Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ 3 _____ 4 _____ 5 _____ Enter up to three more Damage Codes _____ Vehicle Towed: _____ By _____ To _____					29																																																																																										
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13	Reference Marker _____ Coordinates (if available) _____ Latitude/Northing: <b>40.634033</b> Longitude/Easting: <b>-73.88933</b>					Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred <b>9714 SEAVIEW AVENUE</b> (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N _____ S _____ E _____ W of _____ (Milepost, Nearest Intersecting Route Number or Street Name) Feet _____ Miles _____					31																																																																																										
14	Accident Description/Officer's Notes <b>PASSED AWAY THE DAY AFTER THE COLLISION. THIS REPORT SHOULD BE AMENDED AND THE FATALITY SHOULD BE FREELATED.</b>										32																																																																																										
15	ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>BY</th> <th>TO</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only																																																																												33
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16	Officer's Rank and Signature <b>POM</b> Print Name <b>SHELDON J WHITE</b>					Tax ID No. <b>951435</b> NCIC No. <b>03030</b> Precinct <b>069</b> Post/Sector _____ Reviewing Officer <b>SGT LAUREN J ODESSA</b> Date/Time Reviewed <b>02/16/2017 09:53</b>					34																																																																																										



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Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)		
Month	Day	Year	( )			Month	Day	Year	( )			Month	Day	Year	( )		
Last Name			First			M.I.			Last Name			First			M.I.		
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Month	Day	Year	( )			Month	Day	Year	( )			Month	Day	Year	( )		
Last Name			First			M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Address									Name:								
Date of Birth			Telephone (Area Code)												Shield No.		
Month	Day	Year	( )														

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

VIN \_\_\_\_\_ VIN \_\_\_\_\_

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone

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Police Vehicle				Operator's First Name		Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle		Year	Type of Vehicle	Plate No.		Dept. Vehicle No.		Assigned To What Command			
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<input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights											

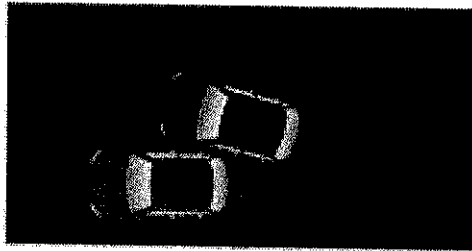
**ACTIONS OF POLICE VEHICLE**

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	

Side Swipe (same dir) : MV-2017-069-000258

Reporting Officer : POM SHELDON J WHITE

Reviewing Officer : SGT LAUREN J ODESSA Reviewed Date : 02/16/2017 09:53



Vehicle 2